State of Wisconsin Department of Natural Resources

River Protection Grant ApplicationForm 8700-284 (R 12/05) Page 1 of 3

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| Section I: Project Type | | | | | | | | | | | |
|---|---|--------------------|-------------------|--|------------------------|------------|--|-----------|----------------------|--|--|
| | River Management Property or E | t Easement Acqu | uisition | | | | | | | | |
| Legislative Di | | | T | To determine your legislative district, go to | | | | | | | |
| Legislative District Numbers | | | 4 | http://waml.legis.state.wi.us/munilookup.aspx/ | | | | | | | |
| Senate Assembly | | | ┨ | Type in complete address, next screen shows information. | | | | | | | |
| Saction III. Applicant Inform | | | | | | | | | | | |
| Section II: Applicant Informa | ation | | | T | | | | | | | |
| Applicant | | | ا | County | , 🔲 Tril | be | | | | | |
| River Name | Long | th of Divor So | ~mont | City River Management Organization | | | | | | | |
| River Name Length of River Segment | | | | Village Other Governmental Unit | | | | | | | |
| Project County/Township/Section | \/Range | | | Town | | | | | nization | | |
| 1 Tojoot Oodinty/ Township/Ooding. | Mango | | ا | Town In Non Profit Conservation Organization | | | | | | | |
| Authorized Representative Named by Resolution | | | | Project Contact Name | | | | | | | |
| Authorized Representative Title | | | | Project Contact Title | | | | | | | |
| Address | | | | Address | | | | | | | |
| | Address | | | | Address | | | | | | |
| City | State | ZIP Code | | City | | | State | ZIP Cod | əb | | |
| Daytime Telephone No. | Daytime Telephone No. Evening Telephone No. | | | Daytime Telephone No. Evening Telephone | | | hone No. | | | | |
| E-Mail Address | | | | E-Mail Addres | | | | | | | |
| | | | | | | | | | | | |
| Mail Check to: (if different from | applicant) | | | | | | | | | | |
| Name and Title | арриса, | | | Address | | | | | | | |
| | | | | | | | | | | | |
| Organization | | | | City | | | State ZIP Code | | | | |
| Organization | | | | City | | | Otate Zii Oot | | ue | | |
| | | | | | | | | | | | |
| Section III: Project Informati | on | | | | | | 15 | 15.4 | · = 15-4- | | |
| Project Title | | | | | | | Propose | ed Projec | t End Date | | |
| | | | tter of ipport | | | | | | Letter of Support | | |
| 1. | | | | 4. | | | | | | | |
| 2. | | | | 5. | | | | | | | |
| 3. | | | П | 6. | | | | | | | |
| J. | | Fo | r DNR | Use Only | | | | | | | |
| Application Type Da | ate Received | | Reviewe | | River Coordinator A | approval / | / Date | | | | |
| | | | | | | | | | | | |
| Waterbody ID# | | | Env | rironmental Gra | ints Specialist Approv | val / Date |) | | | | |
| | | | | ect Priority Rank | | | | | | | |
| Prior Grant Award(s) | Fiscal Year(s) | No | Amo | ount Received | To Date | Project / | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| Yes No | | | \$ | <u></u> | | | | | | | |

| Section IV: Cost Estimate and Grant Request | | | | |
|--|------------------------|---------------------------|--|--|
| | Project Costs | | | |
| Section IV must be completed or application will be returned. Details in support of Section IV are welcome. | Column 1 Cash Costs | Column 2 Donated Value | | |
| 1. Salaries, wages and employee benefits | | | | |
| 2. Consulting services | | | | |
| Purchased servicesprinting and mailing | | | | |
| Other purchased services (specify): | | | | |
| 5. Plant material | | | | |
| 6. Supplies (specify): | | | | |
| 7. Depreciation on equipment | | | | |
| Hourly equipment use charges | | | | |
| 9. State Lab of Hygiene (SLOH) Costs | | | | |
| 10. Non-SLOH Lab Costs | | | | |
| 11. Land or easement acquisition value | | | | |
| 12. Associated acquisition costs | | | | |
| 13. Other (specify): | | | | |
| 14. Subtotals (sum each column) | | | | |
| | | | | |
| 15. Total Project Cost Estimate (sum of column 1 plus sum of column 2) | | | | |
| 16. State Share Requested (up to 75% of total costs may be requested) Subject to the following maximum grant amounts: | | | | |
| River planning projectsup to \$10,000 | | | | |
| River management projectsup to \$50,000 | | | | |
| Section V: Attachments (check all that are included) | | | | |
| A. For all applicants: | | | | |
| 1. Authorizing resolution | | | | |
| 2. Letters of support | | | | |
| 3. Map of project location and boundaries | | | | |
| | | | | |
| 4. Itemized breakdown of expenses | | OLL Durain at a d | | |
| 5. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only Cost Form | . a completed SEC | on Projected | | |
| 6. Project scope/description: | | | | |
| a. Description of project area | | | | |
| b. Description of problem to be addressed by project | | | | |
| C. Discussion of project goals and objectives | | | | |
| d. Description of methods and activities | | | | |
| e. Description of project products or deliverables | | | | |
| f. Description of data to be collected, if applicable | | | | |
| g. Description of existing and proposed partnerships | | | | |
| h. Discussion of role of project in planning for and/or management of river | | | | |
| i. Timetable for implementation of key activities | | | | |
| j. Plan for sharing project results | | | | |
| k. Other information in support of project not described above | | | | |